JUL 31 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25079

1. PLACE OF DEATH
County Toney
Township Bigcreek
City Protem
Registration District No. 858
Primary Registration District No. 6126
File No.
Registered No. 5
(No. , St. Ward)

2. FULL NAME Mary Asbourne Young
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Young
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/31/46
7. AGE YEARS 91 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Alfred Tonnehill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Nancy Doulton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT (ADDRESS) Minnie Rhoades
18. BURIAL, CREMATION, OR REMOVAL
PLACE Protem DATE 6/29 1937
19. UNDERTAKER (ADDRESS) Roy Austin
20. FILED 7/6 1937 Naomi Quick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28 1937
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1:00 A m.
The principal cause of death and related causes of importance were as follows:

Old age
no doctor

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Naomi Quick (Reg), M. D.
(Address) Protem Mo

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Taney — Registration District No.: 856 — File No.: 25-079
Township: Big Creek — Primary Registration District No.: 6126 — Registered No.: 4
City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Mary Osborne Young
(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charley Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-31-1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
91	4.	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mount Vernon Mo.

FATHER
13. NAME: Alfred Tannehill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk

MOTHER
15. MAIDEN NAME: Nancy Dalton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk U.S.A.

17. INFORMANT (ADDRESS): Minnie Rhodes

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Protem DATE: 6/29 1937

19. UNDERTAKER (ADDRESS): R. C. Austin

20. FILED: 7/8 1937 Naomia Guick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-28 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
No Doctor	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Naomia Guick (Reg), M. D.
(Address) Protem, Mo.

SUPPLEMENTARY

5-25079